## CITY OF DELAWARE CITY BUILDING PERMIT APPLICATION FORM

407 Clinton Street – P.O. Box 4159 – Delaware City, DE 19706-4159 Phone (302) 834-4573 Fax (302) 832-5545

Name of Applic	ant:		Date:	
Mailing Addres	s:		77	
Phone #: Dayti	me	Eve	ning	
	enting another part		☐ Yes ☐ No	
If your answer i	is yes, provide nam	e, address and teleph	one number of property owner:	
		/20 bear 20		
		43/6 4		
Is this project:	Residential	☐ Commerc	ial DMixed	
is this project.	L-7 11	$\Box$ Expansion	1k 1 1 / k // kV	
The address of	the property to be	improved:	1885/	
	B			
Do you or the p	roperty owner own	n other property in D	elaware City? Yes No	
If so, provide th		ocation:		
	ne address and/or l		TH A FILING FEE OF \$100.00 or	3% of
PLEASE RETU	ne address and/or l	CATION ALONG WI		3% of
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